Darla Torres: —oral history project, and I’m at The University of Montana, April 3, and talking with Willa Craig. Willa, can you just tell us a little bit about yourself?

Willa Craig: Yes. I was born in Montana, in Butte. I stayed there until shortly after high school when I moved to Missoula. That was in 1975. My family background is that we were, I suppose, in Butte we were probably considered a middle class family, which is probably a low-income family in other places. But my father was an underground miner, as my grandfather was. My mother raised five children, and worked very, very hard her whole life. I moved to Missoula in 1975 when I attended the University to study Psychology. I did eventually graduate in Psychology, with a minor in Art. And thought I was going to be an art therapist, but I realized that art therapists were mainly hired by prisons and institutions. I reevaluated that option, and started working actually in health care. Primarily women’s health care.

DT: What did you do in women’s health care?

WC: I started with Planned Parenthood, because they offered training, and I didn’t have any background in that particular field. So I went to work for them eventually as a birth control counselor. Essentially I did mostly interviews around birth control issues, and I worked for them for about four years, and then I went to work for Blue Mountain.

DT: So that was in about 1980?

WC: No, let me think. I think it was probably about 1984.

DT: Oh, ’84.

WC: Yeah.

DT: So what was your role in Blue Mountain Clinic, Willa?

WC: I was the executive director. I started at Blue Mountain Clinic in about ’86. And I was the executive director there after 1991. From ’91...I’m sorry. From ’90. ’90, ’91 to ’93.

DT: So now, were you the director when the fire bombing happened?

WC: I was. Yes. I was. Have a tissue?
DT: I'm back. Okay. Let's back track a little Willa, before we get into Blue Mountain. Now you moved here in '75.

WC: Right.

DT: And by that time – how old were you then?

WC: Oh, I'd been out of high school a year, so I would have been...Let me do the math. 19.

DT: Nineteen?

WC: Yes.

DT: And were you interested in issues of women's rights or feminism already?

WC: Yeah, I was actually. Particularly reproductive rights. I had had an abortion myself by that point, and was so very grateful that that was available to me, and that there were people who were actually willing to help me do that. That made a huge impression on me because I knew for me personally, I had to get out of the place where I was born. I had to go somewhere else, and that if I didn't do that, I wouldn't be able to have the kind of life that I wanted for myself.

DT: Did you know anyone older than you, or had you – did you know anyone that had had an illegal abortion before the Roe v. Wade decision?

WC: No, I'm thinking I'd known that after the fact. But when I was a teenager and when I had an abortion...I was trying to think of what year it was. It would have been just about one year after Roe. Pretty close to the wire there. I guess I was lucky in that way, as women of my generation are. We grew up in our reproductive years knowing that we had that option. I did come to know women through my work at the clinic who had had illegal abortions later than that. But I did not know any of my peers who had, and I don't think people talked about it at that point very openly. I do know girls who became pregnant and disappeared. Went to live with relatives or whatever, and no one ever heard from again in the community. That was fairly common.

DT: Yes. None of 'em ever came back with no baby?

WC: There were girls who actually had their babies and stayed in the community, but there were definitely girls my age who simply went away and no one was really sure where they went.

DT: Who was your abortion provider back at...?
WC: It was a, a doctor in Spokane, and his name was Rice, I believe. And he was still practicing when I was the director of Blue Mountain. I got the opportunity to have a long conversation with him, and thank him personally for that, because it had, it had made such a difference in my life. Absolutely, fundamentally changed what would have happened to me in life. And I just to this day, I appreciate so much because, at that point it was very difficult for him as a professional to do, and he was an OB also, but to do that procedure was very difficult for him. There wasn’t a lot of political support for being willing to be out there in that way.

DT: Did you get an opportunity to talk to him about his motivations for why he was willing to do that? Was it a, a medical issue for him, or a women’s rights issue, or both, or...?

WC: I did talk with him a little bit about it. Not that particular aspect of it in depth, but I think he was just very pragmatic. He was a very pragmatic person. To him it was obvious that this should be available, and that it should be legal. It should be safe. And I’m sure he had some knowledge that it was going on anyway, so...

DT: So then you moved to Missoula in ’75 and did you get involved in reproductive rights right away while you were going to school?

WC: No, I didn’t actually. I didn’t. I was kind of doing other things at that point. And it was really when I graduated from college, and started thinking about what I wanted to do, and had realized really that my career choice was probably not going to make me happy, and that I needed to reevaluate. I’d always had a feeling that I wanted to do something that made a difference for someone.

DT: So then when did you start working at Planned Parenthood?

WC: That would have been...let me think. Probably like ’83 I think. Something like that.

DT: And you were a, a reproductive counselor?

WC: Counselor. Right. Right.

DT: What was it like working at Planned Parenthood in ’83? They were there before Blue Mountain, but they didn’t do abortions.

WC: They weren’t there. Well, there was Planned Parenthood in Missoula before Blue Mountain, right. But they coexisted when I was involved with them. It certainly is a good organization, and certainly did a lot of great work. For me, the work...I saw more of the grassroots approach as being something that was more appealing to me in the long run. I like the idea that Blue Mountain is an organization that was not created nationally. It was created locally, simply by people that believed it should happen, and figured out a way to make it
happen. That was very appealing to me. Then I really wanted to work with abortion. I really felt that abortion is very okay with me, and that I could give that to people, that idea that it really is okay. The idea that we have a choice is really the thing that we needed to be talking about.

DT: So did you ever find out why Planned Parenthood didn’t do abortions?

WC: I think it was a combination of things. I think that the director at the time was not interested in pursuing that. I think they felt like the need was being met in the community. There were a couple private physicians who were doing abortions at that point that are no longer actually here. I think they’re both retired. And then there was Blue Mountain. And so I think they felt like it was a duplication of services quite simply.

DT: Was there major differences, organizational differences, and interpersonal dynamic differences between Planned Parenthood and Blue Mountain?

WC: Very much so, in my...Yeah. In my experience, very much so. Everything in Planned Parenthood comes from the national office. Everything that you say to a patient, every piece of paper that you circulate has to be essentially approved and generated by the national office. Certainly there are some benefits to that. There’s not a lot of recreating the wheel. There’s certainly that kind of national support. Certainly helps in times, even though Planned Parenthood, even though it didn’t do abortions, was often picketed. There are people that didn’t even want birth control information being distributed, so having the national back-up for that was certainly helpful to them.

DT: How about differences between office politics? Was there more of a hierarchy at Planned Parenthood?

WC: Well, their job descriptions, again, are handed down. I think Blue Mountain was always sort of a seat of the pants, we’ll make it up as we go along kind of place, and, and much to I think their benefit often, but sometimes to their detriment. You can’t, you can’t always win when you do that. But, politically, I think essentially the organizations had the same goals. I think a lot of times they work together very well. The personal style of the organization certainly was different. Sally Mullen was a director when I first went to work there, and, and Sally’s just a very energetic, very engaging, very funny individual, who is just a complete pleasure to work for. And was very good at empowering people to come up with their own ideas, and to figure out how to implement them, and then to evaluate them and decide if they have value. She was very good at letting people do that, and encouraging that in people. I think that was really the organization’s strength for a long time, was Sally’s leadership.

DT: Did you move directly to Blue Mountain from Planned Parenthood?

WC: I did.
DT: And what did you do at Blue Mountain?

WC: I came into Blue Mountain as the Health Educator, so I did mostly outreach work in the schools and community organizations, generated the myriad of papers that you need to run a clinic, fact sheets and all of those kinds of things.

DT: So you were actually going into the schools and doing presentations?

WC: Right. On a variety of things. You know, birth control, abortion, pregnancy issues, any, any number of things, depending on what the teacher was interested in presenting in the class. Usually they were health education classes. I’m sure they have a better word for it now. I don’t know if it’s better, but yeah.

DT: What kind of response did you get from the community?

WC: You know that was very easy to do in the schools. I think that our work in the schools was very well received, even when we were there talking about abortion. Occasionally, eventually, I did more and more abortion talks than anything else. There were other people who could do some of the birth control stuff, and I, and eventually I was doing pretty exclusively abortion, just because it was such, it was an issue that teachers, I think weren’t comfortable talking about themselves, partly from a factual background, and then also I think just, they wanted to have it come from outside. Often they would have Right to Life, the Missoula chapter of Right to Life come in and do a presentation of equal length, and so they would obviously have both perspectives.

DT: What sorts of things did you talk about when you went into the schools? Were you very upfront about the fact that you had had an abortion, and I mean...?

WC: Well, that hardly ever came up. If someone asked the question in the classroom, I would certainly answer that honestly, because in no way at all do I have any shame or regret or anything about it. I actually feel like so grateful that I’m certainly willing to talk with people about that. But I would usually I would bring in actual instruments that we would use during a procedure. They would want to know exactly what – at that point it was strictly a surgical procedure. They would want to know exactly what was done at what point. We would talk about the counseling aspect of it, what we talked about in counseling. We talked about the fact that sometimes people got counseling and didn’t have abortions which probably happened I would say about fifteen percent of the time I think, if my memory serves me correctly. Sometimes people left and came back later and had counseling again before they made a decision. So we would, I would kind of walk them through the counseling process, the surgical process, the after-care process. There was so much...ten years ago there was, even 15 years ago, so much emphasis, and I think this is a campaign that was driven by Right to Life, on the negative emotional effects of abortion. The research was very shoddy and self-serving, usually done by Right to Life organizations, so there was a lot to counter in that. I think also just to let
people know that it’s not a, it’s not a secret procedure. It’s not, it’s not something that, that we are ashamed to provide, or that they should be ashamed to consider if they’re ever in that kind of position. Not that I would ever want to make that choice for anyone else, but... That would usually take up a, a large amount of the time, because that was something that they were really interested in because there were so many horror stories being perpetrated I think, by anti-choice groups, about what happens when someone has an abortion, and the emotional aspects, and the physical complications. So a lot of it was countering inaccurate information.

DT: And did you find that the – were the boys and the girls equally interested, or was it mostly the girls?

WC: I think not. They were equally interested I think. Because by the time that I was talking about it, we had had legal abortion for ten years or more. And they knew someone who had had an abortion and, or knew someone who was thinking about it. It was very relevant for them, very timely I think for them. Usually these were juniors and seniors in high school, and so this was something that was a part of their daily life. Or just the birth control aspect of it. They were certainly in some way touched by that kind of work. A lot of questions. It was a really fun thing to talk about because there were so many really good questions, and it was a, it was a great aspect I think of my work there. I really, really enjoyed I guess modeling that it was okay to talk about it, for one thing. Because I wanted people to talk about it after I was gone. I wanted them to think about their own positions, and when or when not would that be appropriate for them. How they might reach out to friends who were making a decision, so...

DT: What else did you do as your job, as outreach coordinator?

WC: Well, as I said, primarily produced all the paper work that was used in the clinic, for all the services. You know, talked about all the other topics to all the other groups that were interested in different things. Ran the blood pressure clinic at the senior citizens’ center. Put on series of educational events that would take place over the winter on different topics like immunizations, or vasectomy, or whatever the clinic was, was doing. So it was very much a nuts and bolts kind of thing.

DT: Now, does Blue Mountain Clinic still go into schools, and...?

WC: I would imagine that they do. I wouldn’t be the best person to ask that, but I would imagine. We were in, we were really used a lot by, not just the schools in Missoula County, but I went into the Bitterroot, Frenchtown, just a lot of different places.

DT: And then did you continue doing that job until you went into the directorship position?

WC: Yes I did. I did.

DT: And how did that transition come about?
WC: Well, Sally left the clinic for health reasons, and we had had another director come in, and she had decided to go do work overseas after being director for about two years.

DT: And who was that?

WC: Chris Jasper.

DT: What were the dates on that?

WC: Oh, let me think. Chris was probably there from ’88 to ’90 maybe. Maybe ’87 to ’89, something like that, so.

DT: So she left and you went into the executive directorship.

WC: Right.

DT: And that must have been a different job.

WC: Yeah, it was. For someone who... At that point, I really had no business training. I think there was kind of a misconception among people that you really needed to be a nurse to be an administrator and, and that definitely was not the case. Especially the kinds of problems that the clinic was facing. Chris particularly had felt the brunt of the insurance crisis, as had all Ob./Gyn. practitioners all over the country. Insurance companies were completely dropping Ob./Gyn. coverage for everyone at that point. And if you did abortions, you were the first ones to get off the list. For political reasons. So we were scrambling just to try to find insurance. And that was certainly Chris’ biggest challenge, and I inherited that challenge from her. By the time she left, there was only provider of Ob./Gyn. coverage in the United States. They pulled out after, and we could not...we were getting to a point where we couldn’t afford them. We just could simply not afford them, because our rates were increasing fifty percent a year, a hundred percent. It was extraordinary, it was extraordinary. No one was talking about it. We had actually gone with an offshore insurance company that was underwritten by Lloyds of London, because they were founded particularly to provide insurance for abortion providers, because they saw that there was this need for this product, and that absolutely no one was providing it anymore. But they were an offshore company because there were so many regulations in the United States as to which states you can sell in, and that kind of thing, so. We were with them, I’m – I don’t know what the clinic is currently doing, but we were with them the entire time that I was director of the clinic.

DT: So all this time that your insurance rates were increasing, were the abortion rates – how were – increasing? How was the clinic making, making...?

WC: What do you mean? Was the price of abortion going up?
DT: How were clinics surviving?

WC: Part of that was, was certainly being absorbed by price increases in services. You know, the clinic had always just broken even. You know, we’re a non-profit. And that was okay, but there comes a point when you have to do things like replace equipment, or hire new staff, or whatever your challenges are. And certainly there were no options at that point in terms of doing the kinds of things that we really wanted to do. So things were very, financially very, very tight there for a couple years. My job really – I felt that my best work was keeping the doors open. That was really the best thing I could do. There was the political work, and there were all these other aspects to the job, but keeping the location safe, and keeping the doors physically open were, I think my biggest job, and certainly my biggest contribution to the clinic. It was, it was hard. It was, it was really tough.

DT: What sort of services was Blue Mountain providing at that time besides abortion?

WC: It was a full-service clinic at that point. Actually it was during my time as executive director that we changed the name from Blue Mountain Women’s Clinic to Blue Mountain Clinic, and the reason being that we were seeing a lot of men. We had an internist on staff, Beth Thompson. She had a lot of male patients. She was doing general internal medicine and then we still were doing Ob. care, prenatal care. We weren’t doing the deliveries through the clinic, but we were doing the prenatal care. We had a contract with a local Gyn. who was doing our deliveries for us. We were doing vasectomies and we were doing therapy, mental health therapy.

DT: Who was, who was the o.b.g.y.n.? Do you remember?

WC: Well he was a family practice doc. I’m sorry. I said – I probably misspoke. Duncan Hubbard was doing our deliveries for us. And he was kind of the last of a dying breed of family practice doc’s who actually know how to deliver babies.

DT: And who was providing the prenatal care and...?

WC: The nurse practitioners. And that was part of the clinic’s role also I think. I think the clinic did a great job in furthering the consciousness of the medical community about the skills of mid-level practitioners. There weren’t a lot of opportunities for nurse practitioners, or for physician assistants for that matter in Missoula. And we were pretty much the only medical facility really using mid-levels to provide care. Shortly after that, I would say about, oh about eight years later, Western Montana Clinic had a light bulb go on that they could actually be using nurse practitioners to do Ob. care, or you know, other kinds of procedural things in the clinic.

DT: Do you remember who was on staff when you...during your period of time there?
WC: In terms of our medical staff?

DT: And the nurse practitioners.

WC: Uh huh. Yeah. Louise Flanagan, who just retired I think two years ago from Blue Mountain. And when I was director there in ’93 she had celebrated her sixteenth year at the clinic I think, so, you know, do the math. She was really there a long time. She was there twenty plus years I think. Neva Oliver was there during my time. She’s currently a mid-level. I think she’s still at the clinic, Western Montana Clinic. Cindy Gallea who’s kind of a famous dog musher up in Seeley Lake, worked for us. Mindy Opper was someone who the clinic had hired as an office person in...oh, I don’t know, maybe 1980. She had worked for the clinic for six or seven years before she decided to go to school in Washington state and become a physician assistant. Then she came back to the clinic, and worked for us as a, as a P.A. Oh, gosh, I’m sure I’m leaving someone out. Those are definitely the main characters, however.

DT: And who was doing the abortion providing at that time?

WC: Still Doug Webber, who had been there since the start of the clinic. Oh, George Nelmick, who was also an E.R. doc. Joe Wyatt, an E.R. doc, was there when I first started. He had left before I became director. There’s a physician from Absaroka. Oh no, I’m sorry. Columbus, Montana, named Len Klassen, and he was a wonderful, wonderful guy. Small town family practice doc. that had o.b. training, and did all of the deliveries for his rural ranching area over by Billings, but he was a pilot. And he would fly in and do clinics for us on weekends. We’d pick him up at the airport, and he’d come to a clinic all day, and than he’d fly home. And just a real jewel of a guy.

DT: Now at the time that you were director, Blue Mountain Clinic was over at Professional Plaza, right?


DT: Yeah.

WC: Sorry. (inaudible)

DT: And you were saying that you just, you know, your main goal was to keep it – the doors open and to keep your clients safe. Can you talk about some of the challenges that you faced?

WC: Yeah. It was during my time as executive director that the clinic had the most frequent and the largest protests by Operation Rescue. Operation Rescue had gotten very big nationally, and there was a group in Montana. There was some kind of protest group every Saturday that we
did clinics. We usually did clinics Wednesday mornings and then all-day clinics on Saturday. The actual blocking of the clinic entrances started when I was executive director.

[End of Tape 1, Side A]
WC: So, I knew that every Saturday when we had a clinic, and sometimes they showed up even if we didn’t have a clinic scheduled, there would be protesters outside, and the group was getting larger, and they were getting very, very aggressive. They would, they were not allowed to come in onto the Professional Village property. They needed to stay on the sidewalk, but they quite often didn’t do that. They would attempt to talk to women who were coming into the clinic. And ‘talk to’ is a euphemism. I mean, often they would stand in front of that person, and try to get in the way of her actually entering the clinic. They would try to block cars from pulling into the parking lot. There were any number of things. Small acts of vandalism were common any time during the week. But then while I was executive director, there were a number of physical protests, where they actually blocked the clinic doors. There were large numbers of arrests made.

We had to train a group of escorts. I had our list, and Martha Newell helped me with this a lot. She was our first clinic coordinator for the volunteers, and we had to get vests for people. We had to have anywhere from...oh, I’d say we usually had eight on any Saturday if we didn’t know that something was gonna go on. Sometimes we got advance notice that there was going to be something bigger going on, and we would call in more volunteers. But we had a list of eighty people trained who could be at the clinic and their only job was to create corridors through which patients could pass safely to and from the clinic, and to and from their cars. These escorts, which is what they were called, never engaged verbally or physically with any of the protesters. They were simply there for the patient to make the patient feel like there was someone there who could step around her and protect her, and get her in and out of the clinic.

DT: Did you get any police support? How did the—?

WC: The police actually were very good. There were certainly some rough times early on, just getting them to understand the seriousness of these kinds of protests, and what kinds of problems that they presented, not necessarily even for the clinic, but for our patients. These things were getting to be physically dangerous situations for people who are simply receiving medical care. Before Pete Lawrenson became Chief of Police, it was very difficult to get the Chief of Police to understand why it’s better to pay attention now and be prepared than it is to pretend that this is no big deal. Pete Lawrenson was by far the best Chief of Police I think that we could have had during this time. He’s so level-headed, and he was very matter-of-fact with people about what the law was and what it wasn’t, and who could do what, when. He was very protective I think of the civil rights of the protesters without giving them the idea that he would look the other way when they did something that, that was clearly not an option so. He was great. He actually testified for us when we had – we had a very large jury trial of twenty-three protesters I think. Judy Wang was the attorney for the city who had pressed the charges against the protesters. We had all, we had a large trial that took pretty much four, five days. Although it took only ten minutes for the protesters to be convicted once the jury actually went behind
closed doors. But Pete Lawrenson actually testified for us at that trial based on what he had seen.

DT: What were they convicted of?

WC: You know, I'd have to actually look that up to know what the exact charges were, but it was obviously trespassing. Then there were some other charges in addition, but basically implied an intent to create a situation in which bodily harm might result kind of things, all carefully worded by Judy Wang.

DT: Do you remember what year that was?

WC: Let me think. '90, '91 I believe.

DT: Now you say you had these escorts that would make a corridor so that people could get in and out.

WC: Yes.

DT: Did you find that the protesters tactics worked? Did clientele fall off, or what were the effects of that?

WC: No. You know, certainly when patients would call, we would talk with them about the fact that on some days there were protests at the clinic, and that there were people there wearing blue vests with the clinic logo who would help them get inside the door if for any reason they felt unsafe. Usually it was a real mixed bag. I mean, for some people it was a very big deal to have to walk in front of these people who were screaming at them. For some people privacy was an issue. You know, we had minors who were patients who were very concerned about privacy. Other women, it just made them so mad, and there was no way that any escort was even gonna help 'em. They were gonna get their way to that door, and so it was an entire range you know, of personalities and the way that people felt about it. Some people were intimidated. Other people were just very angry.

DT: Now is this all Operation Rescue, or were there other groups, anti-choice groups...?

WC: There were local groups. Usually from the fundamentalist churches in the area. And we knew them by name. It was kind of the same people every day. We knew them by name. You know, the cops came to know them by name. They were also doing some other things. There were a couple individuals who were doing things like leaving death threats on the answering machines of our physicians, small acts of vandalism we knew were related to them. Things like that. And sometimes they were actually caught and punished for those things. Particularly the phone intimidation stuff. We were able to actually get some convictions on that, but...
DT: Willa, what do you think motivates the actions of, of Right to Life people? Why do you think that they feel so strongly about this issue?

WC: I think in my experience, what I saw with them was that I am hard-pressed to find or to think of a protester who was not a member of the fundamentalist church. I really think it, it – for them it’s a religious issue, and it’s something that is really hammered home in their individual churches. Plus, I know plenty of people who would never have an abortion. I know plenty of people who would never have an abortion and are against abortion. You know, some of those people can be pro-choice. Some of them are not pro-choice. But none of those people are in fundamental churches, you know. I really, I think that that’s, that’s really the link, is what is being taught in these fundamentalist religions.

DT: Do you think these people have been manipulated in some way by the political right?

WC: Well, we certainly know they, they either are not getting accurate information, or they choose to ignore the accurate information that they are given. They seem to manufacture their own set of beliefs and facts about what happens within the clinic itself. I mean some of the stories were truly outrageous and sometimes just very, very funny. They would actually believe some of things about what they thought was going on. But, it was all part of a larger thing that was happening nationally at the time, and I think it really gave the small groups some – I think it got them energized to think that they were actually part of something much bigger. I don’t think if those kinds of things, Operation Rescue nationally, was not going on, I don’t think we would have had, that kind of problem here. There were certainly people who, who came out and just stood around on Saturday in front of the clinic. And probably never said anything even. They just felt like they needed to be there. Those kinds of people would never be a problem. I mean, and I certainly would support their constitutional right to do that, if that’s how they want to spend their time. But it was the people who couldn’t help but step in front of someone, or yell things at them, really hateful, hateful things that you’d think would never come out of the mouth of a religious person. It was those people that really crossed the line and it was the fundamentalist churches that were really throwing the kerosene on that.

DT: And this was during the period of time where fundamentalism was really on the rise all around the country.

WC: Exactly. Exactly. This was a huge recruiting tool for them in some ways. It was a way that they felt like they were actually doing something, you know. It’s not consistent with the character of Missoula, I don’t think. It was really very much a kind of a select population.

DT: So in ’93 the clinic was firebombed.

WC: Right.

DT: And you were director at that period.

Willa Craig Interview, OH 378-008, Archives and Special Collections, Mansfield Library, University of Montana-Missoula.
WC: I was the director. It was very ironic. I had just made the decision a couple months before that I would be moving to Salt Lake City with my boyfriend at the time, who was going to teach at the medical school there. We had decided that we were going to move to Salt Lake City together so I had given my notice. I gave them six months notice, because I knew it would take a long time to find somebody who wanted to step in to the clinic at this point when we were so controversial. Not that the clinic was controversial, but there was so much controversy happening around the clinic. So I gave them a lot of notice. But we had finally interviewed individuals for the position, and had actually hired a physician on Friday, and on... I think it was a Sunday night, was when the fire had started.

DT: How did you find out that the fire started?

WC: I got a phone call about two a.m. from the fire department and saying...Actually the answering service saying Fire Department had called them. They said, You know, I think...we think that there’s a fire at the clinic. So I quickly got dressed and raced over there. It was fully engulfed by the time I got there. Completely, completely gone. There was no question about it being operable.

DT: What were your thoughts and feelings when you were standing there watching your clinic burn?

WC: Wow! Oh, I was so angry. It was so shocking, and that I was just so mad. I was really thinking about (inaudible) for me. All the employees...I mean, we had at least three that I can think of that were single parents with kids, and what were they gonna do? I mean once, as soon as I figured out that there was no one in the clinic, no one had been hurt, it was, My god! What are these women gonna do? They have kids.’ Then what are women gonna do for abortion services? Where are they gonna go? Lindsay Richards was still providing abortions, but her o.b. practice was so busy, she was probably doing ten a week maybe, maybe, if that many. There was no way she could meet the need. We knew nobody was gonna want to rent to us, obviously. We didn’t know where we would go, how we would keep our staff together, and where women would go. Where would they go? Because we were in so many cases the only people who would even talk with them about abortion, let alone provide the service.

DT: Was there talk about just closing the doors, or was there ever...

WC: You know, I don’t, I don’t recall, I do not recall conversation about that. And that, well you know, it’s just kind of amazing to me in retrospect. It’s like, why wouldn’t we just throw in the towel, but people were so angry. People were just so damn mad that I don’t think they would have let us, even if... I just, I don’t think it could have happened.

DT: How did the community respond to the firebombing?

Willa Craig Interview, OH 378-008, Archives and Special Collections, Mansfield Library, University of Montana-Missoula.
WC: There was huge, huge outcry obviously. For Missoula, even for people who didn’t follow the issue, or didn’t feel like they personally had any kind of a stake in the issue, the idea…It’s more to the recent arson against the lesbian couple. The idea that this could happen in Missoula absolutely floored people. It’s like having a lynching, you know? I shouldn’t make that analogy because that’s one of the most tragic things I can think of, but people responded in that way, with such incredible shock. That this could happen in this town. That this town had gotten to be so intolerant. That it could let something like that happen here. I know that there were people in town who knew who had done it.

DT: Did you ever find out who did it?

WC: Well, it was solved. I personally had been gone from the clinic for quite a long time. I moved back to Missoula in ’95, and I think it was about two years later they found the guy on a complete fluke. It was a routine traffic stop, and for some reason the officer had the guy open his trunk. In it he found gas cans, black garbage bags, a map of abortion clinics. It was completely an arbitrary kind of thing, and I would have predicted that we would never know who it was.

DT: So he was just a random guy? He wasn’t involved with…?

WC: He was from Oregon. And they do believe that he was involved with some people here locally, but it was very difficult to prove that they had any true knowledge, or could have prevented it or anything like that. So, and we’ll never know because the ATF is involved, you know? I mean, it’s on a federal level, and we’ll never know if all of the evidence that, that they have.

DT: Do you know if they thought that he had done…firebombed any other clinics?

WC: Oh, they know he did. Yeah. They know he did. They were able to connect him to I think six arsons, so…

DT: What happened to him?

WC: He’s in jail now. Still, I believe, as is someone who…an accomplice of his, although I don’t think that she was actually at any of the fires themselves. But she kept a diary I think about them, the arsons. And clearly had information as to what was going to happen when, and those kinds of things.

DT: So how did the clinic survive? How did you restructure after that?

WC: Well, the clinic would not have survived I think, despite all of the public support. And the public support was absolutely incredible. In, around the state, and around the nation, we just got so much support from people. Money, you know. It’s hard for me to even think about how
great people were, but the biggest thing I think, the thing that kept the, the clinic open was my now husband who is – he was my boyfriend at the time of the fire – his practice, which was Missoula Medical Oncology, Stephen Speckart, particularly – they opened their doors to us, which is phenomenal that they would do that. These were oncologists. They had no vested interest in any of this. A bunch of guys. It was a bunch of old guys? But George and I had moved to Salt Lake. George’s office was available, and, and they had other space. So they invited Beth Thompson, our internist to come and bring her practice. They invited our, all of our staff to come and set up shop and see patients until we could figure something out, which is...to this day I just...I’m floored by that, that they did that. There were very pro-choice physicians in this town with practices who would not have done that for us, who just felt like they couldn’t take the risk. Or that their patients might be offended. I think they’d be surprised actually at the amount of good press they would have gotten for that but the insurance companies, and landlords, and there was just...I’m not really faulting anybody. It was a huge, huge risk for someone to take, to invite us, the objects of arson, to come into their office. So...

DT: So now who, who took over from you as executive director?

WC: That was Gwyneth Mapes. She was hired two days before the fire. I stayed on for obvious reasons longer than I had actually planned to. But then she took over in the middle of June of that year.

DT: And you went to Salt Lake?

WC: Right.

DT: And then the Blue Mountain Clinic stayed over at Missoula Oncology for a couple of years, right?

WC: Right. Yeah, it was almost two years I think by the time that a capital campaign had been under way, and they had actually raised enough money to do a building, a secure building.

DT: Yes. And that opened in ’94?

WC: You know, I wasn’t in town. But I remember it. I mean, it must have been ’95 actually. No, because it was open, it was open when I came back. I came back in the fall of ’95, so maybe spring of ’95 I think.

DT: And when you came back did you get involved with the clinic again?

WC: I was on the board again for...oh, I think it was over a year.

DT: And how had the clinic changed?

Willa Craig Interview, OH 378-008, Archives and Special Collections, Mansfield Library, University of Montana-Missoula.
WC: You know, it was really funny, but it, in a lot of ways it really hadn’t. There were a lot of the same people there. You know, Mindy Opper was still there. Sherry [Garsalom?] was still there. Louise, you know, who is just...

DT: Laura Marks was there by then.

WC: Right. Right. I had never worked with Laura before then, but yeah, but she came in after that. So there were a lot of the same faces and certainly services were the same. The – I think the clinic in getting a new building, getting a bigger space, certainly started to look at its niche in the community, and, and what kinds of things it might do that it wasn’t doing in the past, and decided to go in a little more of an alternative medicine direction and pursue some things in that area. So that’s really the fundamental change I would say, was the expansion of services. I think it’s very ironic that we had been wanting to move before the fire and had been trying to find space, had been looking at buildings, trying to figure out how we could possibly do it with the insurance crunch that we were under. Then the fire happened, and I don’t think that the Right to Life community could have done a bigger favor for us, ironically. Because we had to move and there was no question. I mean they certainly thought that we would be out of business, but there was really no question about that. What they did was put us into a safer, larger, better building.

DT: And where did the money come from?

WC: Primarily from the community, from donations. I know where large chunks of it came from, and I don’t think I really can say. But individuals really stepped up. And the clinic took on our own mortgage obviously. Certainly, probably a larger mortgage than our rent had been at the previous place, but...

DT: One of the things that you said you were very concerned about was where women would go if the, if Blue Mountain wasn’t there.

WC: Right.

DT: Where did women go?

WC: Well, Planned Parenthood started doing abortion services, which was entirely appropriate I think. And I think Lindsay Richards kind of made room in her practice for women. She’s always been really wonderful that way. I think women went to Spokane, where there were providers. There were providers. There was a woman who – I’m sure you know about her – she was in Bozeman and was very high profile.

DT: Susan Wickland?
WC: Yeah, for the abuse that she had received there, so...And she was certainly doing, trying to do a lot of procedures. So I think just different places, people found places to go. I don’t know where our Canadian patients went because we saw so many women from Canada.

DT: Now at the time, wasn’t there a P.A. in Whitefish that was doing abortions?

WC: John Armstrong. Susan...what’s Susan’s last name? I can’t remember...sorry. Anyway, yes. She was doing a lot of procedures in the office and was trained to do those procedures, and was certainly qualified to do those procedures. Then there was a court case brought against her, and she was eventually told she could not perform that service in Montana, so...Which was really too bad. John was getting up in years, and really would have liked to have retired and, and I think he just – he kept going because there was no one to take his place, so.

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DT: Now after the fire...I’m sorry I’m focusing on the fire so much.

WC: Oh, that’s okay. No.

DT: But it, it’s just such a huge issue.

WC: Yeah.

DT: After the fire did you and your colleagues change your lives in any way? Were you afraid for your lives? Did you unlist your phone numbers, or...?

WC: Well, I had already... I think at that point I was getting ready to leave town, and I was just housesitting for people. I was trying to remember. No, I still had my house, but I wasn’t there very often, so I wasn’t too concerned. There were a couple...a couple kind of local wingnuts who were writing letters, and letters to Beth Thompson, for example, who is not an abortion provider, but worked for us as an internist. And...death threat kinds of things going on and, I found those people scarier actually than I think the people who did the arson. I know, certainly it’s a fine line I think, as we’re finding out more and more, but it is a fine line that people will just kind of keep escalating. I was actually a, a suspect in the fire for the first probably week or so, which was a big source of humor.

DT: What was the rationale for that?

WC: Well, just that they had to. And I, I think it was actually a political nod to the Right to Life community, that they were really looking at everyone as a suspect. And I had no problem with that, and I took a lie detector test, and that kind of thing, and they were kind of – passed me pretty quickly.

DT: Now there’s an interesting parallel to that happening right now with Carla Grayson and Adrianne, whose house was burned, supposedly by an arsonist. And they’re considered, you
know, not suspects, but they’re certainly not out of the woods yet. People think that that’s sort of a nod to the whoever that those people are.

WC: Right. And part of me thinks, ‘Yeah. You know, you kind of do have to do that.’ But I certainly wasn’t offended by it. I thought it was a big waste of time obviously, because I knew the answer, and I knew that every day that went by that we didn’t have somebody, the chance was decreased that we would ever know. So.

DT: So you left after six months, and, and you went to Salt Lake City. What did you do there? Were you involved in women’s health, or...?

WC: Actually I was going to. I was offered a job at a clinic there, a low-income clinic. And I really thought about taking it. But then...oh, we started having some other projects down there. But I went to work for low-income housing in legal services for the State of Utah. And actually I was just a volunteer, but I worked in helping low-income people keep their housing in landlord dispute issues, which was also very satisfying, so. And it was nice to not be involved anymore, kind of in the medical aspect of it. I needed a break, because I’d been doing it for how many years, and so it was nice. It was nice to think about something else.

DT: And then you came back to Missoula?

WC: Yes.

DT: When did you come back to Missoula?

WC: I came back, I...You know I think I have said ’95, and it was ’94. We were there... because we were in Salt Lake for eighteen months. So, then I came back, and finished graduate school here. I had started graduate school down there.

DT: And you got your Master’s in Psychology?

WC: Business.

DT: Business

WC: Yes.

DT: Then you went back on the board of directors at Blue Mountain?

WC: Yes.

DT: And are you still on the board?
WC: No. No, I’m not. I’m not. One of the things that I think was really interesting that happened as a result of the fire was I was asked to present this particular – the arson aspect – of the issue to Congress when some legislation was going before them about clinic protection. That was the—

[End of Tape 1, Side B]
DT: And you actually went and spoke to Congress?

WC: Right. Yeah, I was contacted by Ted Kennedy’s office. And his legal counsel there was putting together a panel to speak in favor of the F.A.C. legislation [which] was the acronym. It stood for Freedom of Access to Clinics. The idea was that it was time for a federal remedy, a way for actual federal marshals to be called in to play for clinic protests, because they were getting so huge. We didn’t see anything that big out here, but in the East they would have three hundred and fifty people that they would have to physically remove. And I think, for one thing, they were getting tired of the expense of it, and they wanted to be able to use other resources to keep clinics open. So...I was invited to speak in favor of that on behalf of clinics that had been targeted by arson. That was, that was a very rewarding experience, because the legislation was eventually passed. And it did give clinics a lot more teeth with which to deal with protesters. Before the feds had been very loath to be involved, but now it was a federal issue, when these large protests took place.

DT: And what year was that passed?

WC: That was passed the same year that I went, and that would have been ’93. Right. Because the hearing came up that same year as the clinic arson. Yeah. Because I went – I remember I was there. George had already moved to Salt Lake. I think it was in June.

DT: And at this time clinic violence was really escalating all over the country.

WC: Dramatically. Dramatically. It was a huge problem. And there were clinics that were being hit every single weekend. It’s still amazing to me that it took so long for the federal government to recognize the compelling interest that they had in this. But eventually they did get pulled along, so.

DT: Do you think that legislation is the reason why clinic violence has not continued to escalate, or do you think there were other political...?

WC: I think there were probably a number of things. Certainly it really changed the whole response end of it. But I also think that there was this disenchantment that the American public was having with these groups, that was becoming more and more apparent. I think that there was a little bit of a decline then again in this uprising of the fundamentalist churches. They were kind of on a little bit of a downslide. I think the public was very disenchanted with them. Then having the feds come in and actually have some remedies, I think...So it was a combination of events that occurred. And police just got better and better at handling...

DT: Certainly Blue Mountain is much less vulnerable to attack.
WC: Right. But a lot of that has to do with its physical facility. You know, it’s just...it was built with that in mind, because no one knew what the future would be, if this was just the beginning. Nobody knew.

DT: Has the new facility on California Street ever been picketed?

WC: You know, I don’t know the answer to that. You’d need to ask someone there. I believe they have. But I, they’ve never had a, a demonstration that I know, where the entrance to the clinic was actually blocked. I’m not aware of that ever happening.

DT: You know, well they, they can’t legally do that now, so it must put a damper on things.

WC: Right.

DT: So, this is, this is the year 2000, and all of this stuff – I mean, it may seem like ancient history, with some people...

WC: Yeah, it does in a way. It does.

DT: But, but what do you see the problems of abortion right now? What are our challenges?

WC: I think we still...not maybe so much, because the, the population of women who have actually had abortions or seriously considered them is so large now. Just the passage of time. It must be something like one in three women now, who have actually had an abortion. And we’re now I think represented in the population to such a degree that I think that people are able to talk about it in a different way than they used to be. I still think that there’s a certain amount of embarrassment or shame associated with it. But I don’t know so much that it’s associated with the procedure as it is having made what is perceived to be a mistake kind of thing. So, I’m not sure if we’ll ever really get over that. But that was a very frustrating thing for me I think was that as director of the clinic – I can say this now because I’m not director of the clinic any longer, what a positive thing abortion is. How it allowed so many women, I mean not, and you know women with true medical concerns, and then just women who knew that there were other things in life that they had to do. That we allow those women to go on and do those things and to be that other person that they felt like they needed to be. It’s such a positive thing, but I never got to say that to anybody. When I think about all the women that are out there like me like that position when I was a teenager was for me who, who I helped in some small way do that. It’s just such a powerful thing. It’s fundamentally the most important thing I think that women have to decide is when and if to have children. And to have allowed somebody to actually have that choice and to pursue something else, I...It’s really a wonderful thing, you know. I’m really so grateful that I was able to be there for the amount of time I was.

DT: Why didn’t you feel that you could express that?
WC: Oh, I think there are just so many people who are not...who – even, it’s even pro-choice people I think, who believe that abortion is a kind of a necessary evil. And that they’d never been able to look at it as something that we should really be grateful for. And that really is an opportunity for someone to gain some self-knowledge and some, some self control. And to deal with all those issues that women, especially of young reproductive age are dealing with about being responsible for themselves, and responsible for their futures, and responsible for their families if, if they do that. And we’ve never been able I think to really couch it in those terms to people.

DT: How do you respond to the people that, that say, ‘Oh, look at all those women out there using abortion as birth control, and why don’t they just use, why don’t they just use birth control?’

WC: You know, there’s women...Many of them were using birth control. But I think if you’ve ever had a surgical abortion procedure, you would never consider abortion as birth control. No one in there right mind would consider that a birth control method. You know? It, it hurts. It’s expensive. It’s uncomfortable. It’s hard to get. I mean, the idea that someone would actually choose that, it’s ludicrous. It doesn’t – I don’t mean that there’s probably never been a woman who could not take control of that aspect of their life. Because certainly, we saw those women. But this just seemed to be the place where they could not take control for whatever reason. I mean, it was – for some people it’s money. For some people it’s education. Some women reproductively can not take control of their futures. We saw those women, but I mean, for me I think it’s better if they know that about themselves, and they know that they’re not ready to parent. I am much happier for them to have an abortion than to be the parent of five children they can’t care for. And they can’t give all of the things that children need.

DT: What sort of women came in for abortions during your period there?

WC: Oh! I mean, we saw everyone. We saw, I think, a couple twelve year olds. We saw women who had been raped. We saw career women. We saw homemakers who already had children. We saw married women, single women, engaged women. A woman who was forty-five, and thought that she would never be able to get pregnant. Gosh, it’s – it really does...our reproductive lives are so long. I think that’s another thing that in our culture we really don’t grasp, that as women, and in the way that culture, in the way that our society views us, we have, gosh, almost forty years in which to make mistakes about our reproductive – our reproduction. That’s a lot of time to expect that someone would not have something happen that they didn’t want to happen. A pregnancy. You know?

DT: Do you think it has been a failure of reproductive technology that we don’t have better birth control by now?

WC: It certainly seems to me like we have not marshalled our resources in that area, that it’s been kind of a... I think the – well once we had the birth control pill, everybody kind of relaxed
about it. But...I don’t know. I don’t know if I’m qualified to answer that. But I think there are so many things pertaining to women that have been back-burnered just because of a lack of political pressure. More women need to vote.

DT: You actually did abortion counseling for a while?

WC: Yes.

DT: Yeah. Did the women that came in for counseling, did you see a lot of women that were really very traumatized by the abortion decision?

WC: You know, no. I would say that everyone – virtually everybody was hesitant about the procedure, you know? And I would think that that would be the case with everything. The number of women who came in truly undecided... usually by the time that we got the phone call and scheduled counseling for them...and some women came for just counseling. Some women came in, they knew they were coming for an abortion. They had counseling before their procedure. And they stayed and had the procedure. But, I would say, oh, in terms of women who really came to us not knowing what to do, really not knowing what their decision would be, would have been maybe five percent. And those were the women who frequently had more than one counseling session. They would come in for counseling. They would leave. They would call again. They would talk to, maybe the same counselor, maybe a different counselor. Some women may come in a couple times before they actually had the procedure, or decided that it wasn’t for them.

DT: Now, counseling has changed the way that abortion counseling is done now has changed. Knock. When did that – there was a law that was passed about a twenty-four hour waiting period in Montana, right?

WC: Yes. They took care of that I think basically in a paper work kind of way, I mean, essentially. That occurred I think while the clinic was not doing procedures, during that two year period between the fire and the new building. I was not in the state then, so I'm not sure what the discussion was about how to deal with that.

DT: Do you keep track of things, of the abortion issue on a national level now? Do you – are you still involved in that?

WC: I’m still really interested in it, just because it is so obvious to me. And I’m fascinated by the idea that it’s not obvious to other people, that we need choice. We need to have choice. But I’ll read anything about it, just because it still is really of interest to me. I think I’ve kind of moved on in terms of what I personally want to be involved in terms of, of activism. So, and part of that was just ...and plenty of people work hard and long, but for me it was like my ten or twelve years or whatever. I really felt like I wanted another issue, you know? I wanted to be involved in something else.
DT: You had done your time?

WC: Yeah. Yeah. But that doesn’t mean that I don’t turn out for marches, and write the check don’t even do those kinds of things because it’s constant vigilance. It’s like the environmental movement. It’s complete and constant vigilance. And all civil rights issues I think are.

DT: Do you think that, that the FDA’s approval of RU-486 is gonna change the face of abortion, or do you still think that most...

WC: No, I think it has. Yeah. I think it has fundamentally. I mean it certainly increases the number of people who’d be willing to provide the service. I mean just even from a practical standpoint if you don’t need to know how to do a surgical procedure. It’s much easier to see these women in your office and refer them if needed for a surgical follow-up. It’s one of the most important things I think that could have happened in terms of abortion rights.

DT: And do you keep track of all the new laws?

WC: You know, I really don’t. I’m kind of embarrassed to admit that. But it’s really, it’s a bit off my radar now.

DT: Um huh. What are you involved in now, Willa?

WC: I’m chair of the expansion committee for the Good Food Store, because we’re building a bigger and better Good Food Store.

DT: Um huh

WC: I decided to stay home with my son. After I graduated from graduate school, I had my son just a couple months later. And thought I was going to go back to work, and I just enjoy him so much I couldn’t do it, you know? I’d worked all my life, and I just thought, ‘God, you go right up – like five years with him, and I just, I want to be with him for those five years, you know?’ And so, that’s what I’m doing now is. He goes to kindergarten in the fall and, and then I really will have to do something else, because he’s sort of launched at that point.

DT: What is it that you think you want to do? Is, is your involvement with the Good Food Store part of a larger agenda, or larger concern that you have in...

WC: Oh, you know, it’s really, it’s funny, but the Good Food Store is really a choice issue for me. I really think that people need to, to have a choice about their food supply and our food supply is phenomenally very important to us. And people need to have available organic options, and, and even though I kind of go both ways. I’m certainly not a fanatic about it. But I’m really glad that I can buy organic milk for my son, for example. Things like that. So that’s been really fun to
do. More a lot of it is just I  wanted to do something with my graduate degree before I  forgot everything. So it was good for me to write a business plan, and change it five times, and go through all that process, so. I’m not exactly sure what I’m going to do when he starts school. I really, I  truly think I  could do anything out that I  want to do. I’m not sure what I feel passionate about. I know that I have always felt passionate about abortion, that it so fundamentally changed my life, and that I still just feel so passionate that women be able to choose their own path, you know? Especially young women. When you make so many mistakes anyway, you know? There has to be a...I hate to say a ‘get out of jail free card,’ but... So there has to be a way for people to correct their life path, if something like that happens that’s truly not right for them.

DT: And it seems to me that it’s an issue for women all over the world too, that unless women have reproductive rights, they’re never going to be free.

WC: Absolutely. Absolutely. And they won’t stop looking for abortion. I mean, we know that from the phenomenal amount of Canadian women that we saw. Women who traveled four hundred miles in the winter to come to us for a procedure that they had to pay three times as much for in our currency because their government would not – even though it was legal in Canada – would not support delivery of the service. You know, it’s...

DT: Does the – do they now?

WC: Well, I don’t know what their... it was all about reimbursement for their physicians for the procedure. I don’t know how that has changed in the last few years, if it’s gotten better. I know that we were starting to see fewer Canadian women right before the fire. I think that there were some reimbursement things that had gotten resolved. I don’t know that there are any more physicians. I think now with RU-486 also, that definitely kind of stems the flow across the border for that.

DT: Now Medicaid doesn’t cover abortion?

WC: They never did. I’m sure they don’t now. Yeah.

DT: When you were at the clinic, were there other medical insurance companies that would cover abortion?

WC: Yeah. There were private insurance companies. But the people who needed abortions often didn’t have insurance, especially in Montana. You know how notorious we are for under-and non-insured people, so...There are really few options for a lot of people. I remember vividly a woman who came to the clinic, who was living in her car with her two-year old son and she was pregnant. And she brought in this bag of pennies...so, you know...we gave away a lot of procedures, as you can imagine.
DT: And Planned Parenthood had a loan plan too for awhile.

WC: Um huh. That women could make payments. We did that with women, you know. We never billed anyone after the fact for a procedure. But there were women who we set up arrangements with who would just send us money. There were women who sent us you know, five dollars a month for four years to pay for their procedures. But they did. They paid it off. It was important to them.

DT: And a lot of those women went on to become patients at the clinic...

WC: Right. Yes. Some of them were our long term patients, but we just knew that it was a long term proposition for them. It was that kind of a system, where you know everyone, everyone was charged, but not everyone paid. The people who could pay, they helped the women who couldn’t. I mean, that’s how we saw all those women who would never be able to pay for a procedure.

DT: Do you ever worry about the future of abortion, with the Supreme Court appointees, or that, that Roe v. Wade may be overturned? Do you ever have nightmares about that?

WC: No, I don’t know that I have nightmares about it. I think every year that passes, and every woman that has an abortion is one more voice, I think in support of it. And I think the pool is getting so large now that I am a little less worried about it every year. But then we see someone like our current President, and it kind of brings it all back, how these things could, could really go wrong.

DT: What do you think would happen if Roe v. Wade was overturned?

WC: I think there’s a lot of physicians and clinics that would just continue to do procedures, while the political process would (inaudible) on. I think any decision to reverse Roe would also itself be reversed probably within a short period of time. I don’t think it would last very long. And in the meantime I think people would just – especially with RU-486 – there would be ways I think to get it. I certainly would hope.

DT: Well do you have any regrets about your life as an abortion activist? Do you feel like it’s – in some ways, how would your life have been different if you had not taken the path that you had?

WC: Oh, gosh! I have – I think I have anything but regret. I mean, I am...so grateful that I was in the place that I was at the time that I was. And that as miniscule as my part was, that women went before me, and cleared the way. And set up a system in which I could do what I was good at, to help women. I mean, I just – it’s such valuable work, and I know that now there are thousands of women out there that understand that someone helped them. Someone was there for them, and talked to them about something that most people were not willing to even
talk with them about. And that’s a great feeling. I think it’s the – for me it was, it was the very best job I could think of. You know? I mean, as hard as it was, and as hard as it is to think about some of those times, it was the very best I could think of. I really felt like what I did everyday touched someone and mattered, you know?

DT: So, I guess, you know, our time is almost up. I just have one more question. What would you have to say to someone listening to this tape or reading the transcripts of this tape in fifty or a hundred years? Do you have any words of advice to young women?

WC: I think just that...to never underestimate the importance of doing small things, sweep your own corner. I think that we have our responsibility to improve what we can with whatever abilities or talents that we have, and that the very smallest things have huge repercussions, and I think women should never underestimate how powerful they are to do these things.

DT: Thank you.

[End of Interview]